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ABSTRACT

In a search for effect dissemination methods for parent training programs, a videocassette program was developed as an alternative to traditional, professionally led programs to train parents in teaching self-help skills to their developmentally disabled children. Effectiveness of the videocassette approach was tested when 55 families in Los Angeles County with a moderately to severely developmentally disabled child (mean age 5.9) were randomly assigned to one of three conditions: (1) live training by a professional who used a variety of methods such as lectures, group exercises, and brief videotaped vignettes; (2) video training facilitated by agency staff who had no prior experience with the curriculum content; and (3) a delayed training control group. In both training approaches, four sessions covered the following topics: (1) identifying a self-help skill to teach; (2) teaching techniques (e.g., task analysis, backward chaining); (3) using rewards; and (4) troubleshooting problems. Compared to parents in the traditional leader-directed group, parents in the video program had equal attendance, participation, and understanding; demonstrated equal mastery of behavioral principles on the 20-item Behavioral Vignettes Test; and gave equally high evaluations of the program. (JW)

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Symposium: Parent Training: Models and evaluation of outcome

Media directed parent training

Kathleen Kashima, Sandra Landen, and Bruce L. Baker

Paper presented at
the 110th Annual meeting of American Association on Mental Deficiency,
Denver, 1986

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Media-directed parent training

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Our work with families having developmentally disabled children has made us acutely aware of their myriad service needs. At various times parents may benefit from a variety of group experiences, such as support groups, advocacy training, and educational programs. Unfortunately, limited resources preclude at present providing an ideal service model that assists all families in all areas. Hence, we are faced with the task of developing limited objective service programs that are still effective and can reach a large number of families.

One need of families with developmentally disabled children is to receive training in order to help their children in such areas as self-help and behavior problem management. Reviews in the literature (Altman & Mira, 1983; Baker, 1984) report the effectiveness of behaviorally oriented parent training groups for this population.

Although training groups have proven successful generally, the number of such programs available does not meet the needs of all, or even most, families. Our project has attempted to find solutions to the dissemination problem. A study by Berlin and Baker (1983) trained agency staff to implement parent training utilizing the UCLA curriculum. Results showed that while participants expressed enthusiasm and implemented parent training when under our supervision, few followed through to lead groups thereafter. We reasoned that among obstacles to implementation were the time consuming mechanics of organizing and conducting a group, as well as staff uncertainty about their behavioral expertise. We thought that if we developed a training package that would be the same in content as our

curriculum yet easier to implement, follow-through might be more likely.

The advent of the videocassette as a communication tool suggested a potential solution. Surely videocasettes are readily exportable, and staff should feel more secure facilitating a program that is primarily presented on videotape. Research has shown the utility of the videotape in educational settings (Ritchey, 1979-80) and as a therapeutic tool (Craigie & Ross, 1980). Previous research on the use of videoprograms for parent training has been limited (Dangel & Polster, 1984), although some very good work has been done in Ireland on language development by McConkey (1982) and his colleagues.

We developed a media-directed program based upon the first four sessions of our typical parent training program -- sessions dealing with self-help skill teaching. After pilot testing, we conducted an experiment to contrast the benefits parents derived from participating in this media-directed program versus those from typical training conducted by a leader versus no training.

Participants:

Participants were English speaking families with a moderately to severely developmentally disabled child aged 2 to 11. Parents had at least a high school education. Families were recruited by three Regional Centers for the Developmentally Disabled in Los Angeles County. Within each Regional Center, families were randomly assigned to one of three conditions: Live (professionally-led training), Video (video plus facilitator led training) or Delayed Training Control.

Show Slide 1

Of 55 families who started the program 48 (87%) completed it. As the first slide illustrates, a high proportion of families ~~were~~ had intact marriages, and the

average parents were in their 30's with some college education, and an above average income. The target children had a mean age of 5.9 years and the most frequent diagnoses were: 1) mental retardation with no known cause and 2) Down Syndrome. The conditions did not differ significantly on any demographic variable.

Programs:

Both training programs involved pre-training assessments, four weekly group meetings, four subsequent weeks of programming at home, and an individual post-training assessment and consultation session. Meetings were conducted in the evening and lasted 2 hours. The curriculum used for both groups was developed by Baker and his colleagues, and utilized self-instructional manuals from the Steps to Independence Series. The four sessions covered: (1) identifying a self-help skill to teach; (2) teaching techniques (e.g. task analysis, backward chaining); (3) using rewards, and (4) troubleshooting problems.

The difference between the two training conditions was the manner in which the material was presented. In the Live condition groups were conducted by a staff member experienced with our training curriculum. The leader presented information via lectures, group exercises, demonstrations and discussions; some brief videotaped vignettes of parents teaching were used.

In the Video condition groups were facilitated by agency staff members who had no experience with our curriculum, and the content was presented primarily through videocassette. The program has four videotapes, each lasting about 40 minutes. On each videotape a moderator introduces the main topic, highlights important points, describes group exercises, and closes the session with a summary and a homework assignment. The videotape shows an actual ongoing parent training group with a leader's mini-

lectures, the group engaged in discussion, and examples of parents teaching. The intent is that viewers will relate to and learn from the discussion and teaching modeled by the on-screen parents. Each videotape contains 4 or 5 interspersed instructions for the viewers to "stop the tape" and carry out a group exercise or discussion.

Facilitators were given a brief orientation as well as a faciliator's guide, parent guides (that help the participating parents to follow along with the content on the tape), the four videotapes, and manuals. The role of the facilitator was to organize the program and monitor time, to stimulate group activity during exercises and discussion, and to keep records of family attendance and progress.

Results and Discussion

Today I will report how the conditions compared on two outcome measures: knowledge acquired, and parent's evaluation of the program. Knowledge of behavior modification principles as they apply to teaching a retarded child was assessed pre and post-training with the Behavioral Vignettes Test. On this 20 item multiple choice questionnaire, vignettes describe situations that reflect a range of common problems encountered in the implementation of skill teaching and behavior management programs. Parents select among four choices what they feel to be the best course of action.

Show slide 2

The next slide shows the pre and post-training mean BVT scores for the three conditions. Parents in both training conditions improved their scores and differed significantly from the control parents who remained approximately the same. (Interaction effect, $F(2,44) = 7.23$, $p < .01$). Parents in the two training conditions, however, did not differ in

knowledge acquired.

Show slide 3

The Parent Evaluation, a consumer satisfaction measure, was completed only at the post-training assessment. Each parent rates items in several evaluation categories. The next slide shows the "general evaluation" items. Two points are apparent. First, parents were quite positive about the program, with most responding "high" or "very high" to each item. Second, parents in the two training conditions did not differ on any of these items.

Show slide 4.

We hypothesized that parents in the video condition might find the group experience less flexible or friendly. This slide shows parents evaluation of four aspects of the group experience, such as freedom to express feelings and group support. These received positive but less strong evaluations. Again, however, the conditions did not differ.

Show slide 5.

We also asked parents to evaluate the usefulness of the various program components. Once again, the program received high evaluations. Here, however, the conditions differed on two items in a logical way.

Show slide 6.

The parents in the Live condition rated the usefulness of the lectures higher than did parents in the Video condition ($\chi^2(2) = 9.62$, $p < .01$). On the other hand, parents in the Video condition rated the usefulness of the videotapes higher than did parents in the Live condition ($\chi^2(3) = 5.38$, $p < .02$).

Show slide 7.

Finally, when parents rated their own participation, they indicated reasonably high participation and understanding of the material. Again,

the two conditions did not differ.

Given these results, what do we conclude about this novel approach to parent training? Compared to parents in the typical leader-directed group, parents in the video program: (1) had equal attendance, participation, and understanding, (2) demonstrated equal mastery of behavioral principles and, (3) gave equally high evaluations of the program. The facilitators reported that the program was easy for them to carry out; they liked having the videotape take the major responsibility for providing inputs. They also reported having ample opportunity to make their own contributions. Our current research is investigating the effects of training facilitators in various community agencies and schools to implement this training program.

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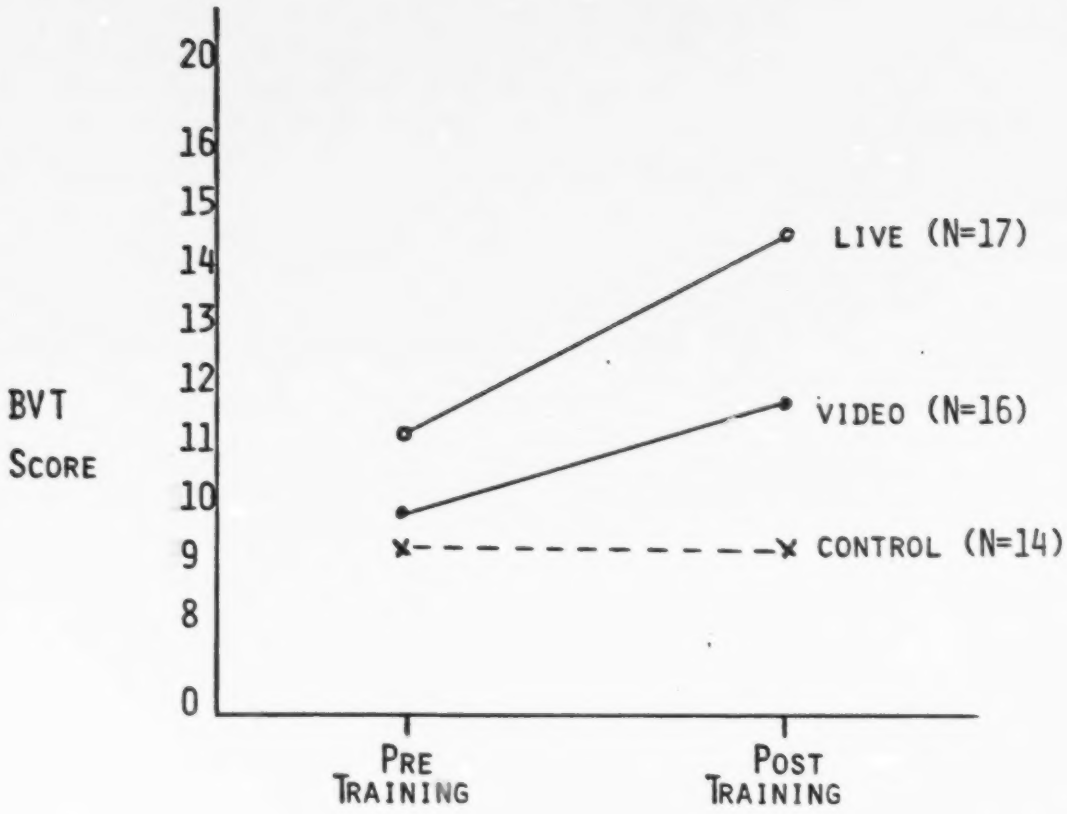
FAMILY DEMOGRAPHICS

VARIABLE	OVERALL	LIVE	VIDEO	CONTROL	
AGE					
Mother	36.0	36.1	36.9	34.7	F=0.45
Father	39.1	39.2	40.1	37.5	F=0.42
Child	5.9	6.1	5.7	5.8	F=0.08
EDUCATION					
Mother	14.1	14.6	13.3	14.4	F=1.82
Father	14.7	15.9	14.2	13.5	F=2.86
MARITAL STATUS					
Single (%)	9.1	11.8	5.9	7.1	χ^2=0.43
MARITAL ADJ. SCORE					
Mother	105	101	103	110	F=0.37
Father	104	101	102	111	F=0.43
CHILD DIAGNOSIS (%)					
MR, unknown cause	25	11.8	35.3	28.6	χ^2=2.64
Down syndrome	23	23.5	29.4	14.3	χ^2=0.98
Autism	17	29.4	5.9	14.3	χ^2=3.47
Cerebral Palsy	15	11.8	5.9	28.6	χ^2=3.34
PT EXPERIENCE (%)					
Mother	26.3	29.4	35.3	14.3	χ^2=1.8
Father	18.5	17.6	23.5	14.3	χ^2=0.45
INCOME (%)					
Less than 24,999	20.1	5.9	23.5	30.8	
25,000 - 34,999	22.6	11.8	17.6	38.5	
35,000 - 49,999	24.8	47.1	11.8	15.4	
More than 50,000	32.6	35.3	47.1	15.4	χ^2=12.34

SLIDE 1

Media Project: 4 session training program



BEHAVIORAL VIGNETTES TEST MEAN SCORES PRE AND POST 4 SESSION PARENT TRAINING PROGRAMS FOR LIVE, VIDEO, AND CONTROL CONDITIONS.

Parent Evaluation Of Training

A. General Evaluation	% 6 or 7 on 7 point scale* All Parents N=66	Live N=31	Video N=35	χ^2
1. Appropriateness of Approach	93	96	91	0.12
2. Helpfulness of Group	93	93	94	0.12
3. Helpfulness of Leader	93	96	91	0.09
4. Competence of Leader	97	93	100	0
5. Recommend Program	98	100	97	0
6. Overall Feeling	85	93	78	1.38

*Sample Item:

1. I feel the approach to teaching my child self help skills presented in this parent training program is:

_____Very Appropriate

_____Appropriate

_____Slightly Appropriate

_____Neutral

_____Slightly Inappropriate

_____Inappropriate

_____Very Inappropriate

Parent Evaluation of Training

B. Group Evaluation	% 4 or 5 (much, very much) on 5 point scale: All Parents N=66	Live N=31	Video N=35	χ^2
1. Free to express ideas/feelings	79	85	75	0
2. Communication open & frank	83	85	81	0
3. Supported by group members	48	46	50	0
4. Look forward to future meetings	66	69	62	0

SLIDE 4

Media Project: 4 session training program

Parent Evaluation of Training

C. Program components evaluation	% 6 or 7 (useful, extremely useful) on 7 point scale: All Parents N=66	Live N=31	Video N=35	χ^2
1. Usefulness of lectures by leader	93	100	86	1.98
2. Usefulness of videotapes	75	69	79	0.30
3. Usefulness of group discussion	78	80	76	0
4. Usefulness of group exercises	47	44	50	0
5. Usefulness of reading manuals	65	68	62	0
6. Usefulness of home observations/teaching	80	80	79	0

SLIDE 5
MEDIA PROJECT: 4 SESSION TRAINING PROGRAM

PARENT EVALUATION OF TRAINING

USEFULNESS OF LECTURES BY LEADER

	LIVE N=26	VIDEO N=29
EXTREMELY USEFUL	12	4
USEFUL	13	21
SOMEWHAT USEFUL OR NEUTRAL	0	4

$\chi^2 = 9.62$ (DF = 2) $P < .01$ TWO TAILED

USEFULNESS OF VIDEOTAPES

	LIVE N=26	VIDEO N=29
EXTREMELY USEFUL	8	11
USEFUL	10	12
SOMEWHAT USEFUL	2	5
NEUTRAL	6	1

$\chi^2 = 5.38$ (DF = 3) $P < .02$ TWO TAILED

Parent Evaluation of Training

D. Self-Evaluation	% 3 or 4 (most, all) on 4 point scale: All Parents N=66	Live N=31	Video N=35	χ^2
1. Attending meetings	100	100	100	0
2. Completing readings	82	81	83	0
3. Teaching	75	77	73	0
4. Keeping records	29	31	27	0
5. Understanding material	100	100	100	0
6. Participation	79	81	77	0
7. Confidence in teaching	53	56	50	0
ATTENDANCE	87	91	83	2.15

SLIDE 7

MEDIA PROJECT: 4 SESSION TRAINING PROGRAM

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